

INFORMATION BULLETIN

WORKFORCE INVESTMENT ACT

Number: WIAB03-28

Date: October 3, 2003
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TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: REVISED WIA PARTICIPANT CLIENT FORMS

This information bulletin provides copies of the revised Workforce Investment Act (WIA) client forms and replaces the forms in Information Bulletins WIAB00-19, WIAB00-83, WIAB02-40, WIAB02-49, and WIAB02-71. Based on suggestions by local areas, minor cosmetic changes, such as form formatting and field spacing, have been made to the WIA Enrollment/Registration (EWIE), WIA Goals (EWIG), WIA Exit (EWIT), and WIA Follow-up Information (EWIF) client forms.

The WIA Application (EWIR) client form has a new field, which is number 70 "Spouse of a Qualifying Veteran." This field has been added in compliance with Public Law 107-288 (PL 107-228) requiring priority of service for qualifying veterans and spouses of qualifying veterans. The WIA Information Bulletin [WIAB03-25](#), IMPLEMENTING THE VETERANS' PRIORITY PROVISIONS (PL 107-228) provides more detail on the provisions of this law.

Customers with case management systems that load monthly to Job Training Automation (JTA) through the Extract WIA Participant Data (XWID) will have until December 20, 2003, to implement the change to their data collection on their local non-JTA system.

Please ensure this information is shared with staff responsible for your local WIA Management Information System. If you have any questions regarding the client forms, please contact Debora Untal in the Performance Management Unit at (916) 654-8295. Questions concerning the JTA system should be addressed to the JTA Help Desk at (916) 653-0202.

/S/ BOB HERMSMEIER
Chief
Workforce Investment Division

Attachment



WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
00 Application Number
01 Agency Code
02 Social Security Number

03 Universal Access Only 1 Yes 2 No		04 Application Date		05 Last Name			06 First Name / Middle Initial						
07 Street Address (Residence)				City / State (Residence)			08 ZIP (Residence)		09 Phone (Residence) ()				
10 Mail Street				Mail City / State			11 Mail ZIP		12 Message Phone ()				
13 GEO Code (Optional)	14 Citizen 1 U.S. Citizen 2 Eligible Non-citizen 3 Ineligible Non-citizen	15 Alien Doc #		16 Gender 1 Female 2 Male	17 Birthdate	18 Age	19 Assessed 1 Yes, WIA 2 Yes, Non-WIA 3 No		20 Selective Service Registration 1 Yes, Registered 2 No, Not Registered 3 Exempt 4 Not Required				
21 Race (select one or more) AA Asian Indian AB Cambodian AC Chinese AD Filipino AE Guamanian AF Hawaiian AG Japanese AH Korean AI Laotian AJ Samoan AK Vietnamese AL Other Pacific Islander AO Other Asian BL Black – African American HI Hispanic or Latino NA American Indian/Alaskan Native WH White		Concurrent Participation 22 Adult Education 1 Yes 2 No 23 Job Corps 1 Yes 2 No 24 Farmworker Program 1 Yes 2 No 25 Native American Program 1 Yes 2 No 26 Veterans' Workforce Investment Programs 1 Yes 2 No 27 Veterans' DVOP / LVR 1 Yes 2 No 28 Trade Adjustment Act 1 Yes 2 No 29 NAFTA-TAA 1 Yes 2 No 30 Vocational Education 1 Yes 2 No 31 Vocational Rehabilitation 1 Yes 2 No 32 Wagner-Peyser 1 Yes 2 No 33 WtW-Participant 1 Yes 2 No 34 Title V Activities (OAA) 1 Yes 2 No 35 Comm Svc Blk Grant Pgm 1 Yes 2 No 36 HUD Pgm 1 Yes 2 No 37 Other non-WIA Pgm 1 Yes 2 No 38 Rapid Response 1 Yes 2 No 39 Rapid Response – Additional Assistance 1 Yes 2 No 40 TANF 1 Yes 2 No 41 Food Stamp Training Program 1 Yes 2 No				42 Disabled 1 Yes, Major 2 Yes, Substantial 3 No		47 Pregnant / Parenting Youth 1 Yes 2 No 9 Not Applicable					
						43 Limited English 1 Yes 2 No		48 Youth Needing Assistance (Additional Barriers) 1 Yes 2 No 9 Not Applicable					
						44 Substance Abuse 1 Yes 2 No							
						45 Basic Skills Deficient 1 Yes 2 No 9 Not Applicable		49 Runaway Youth 1 Yes 2 No 9 Not Applicable					
						46 Offender 1 Yes 2 No 9 Not Applicable							
										50 Foster Child 1 Yes 2 No 9 Not Applicable			
						51 Family TANF 1 Yes 2 No							
52 Family GA 1 Yes 2 No		53 Family RCA 1 Yes 2 No		54 Family SSI 1 Yes 2 No		55 Family Food Stamps 1 Yes, Eligible 2 Yes, Receiving 3 No		56 Number in Family		57 Number of Dependents < Age 18		58 Family Status 1 Parent in one-parent family 2 Parent in two-parent family 3 Other family member 4 Not a family member 5 Not reported	
59 Family Income (Prior 6 mos)		60 Low Income 1 Yes 2 No		61 TANF Exhaustee 1 Yes 2 No		62 Homeless 1 Yes 2 No 9 Not Applicable		63 Poor Work History 1 Yes 2 No		64 Unemployment Insurance 1 Yes, UI Claimant 2 Yes, Exhaustee 3 No			
65 Veteran Status 1 Yes, <= 180 days 2 Yes, > 180 days 3 No		66 Disabled Veteran 1 Yes 2 Yes, Special disabled 3 No		67 Veteran Separation Date		68 Recently Separated Veteran 1 Yes 2 No		69 Campaign Veteran 1 Vietnam-era 2 Other Campaign Veteran 3 No		70 Spouse of Qualifying Veteran 1 Yes 2 No			

WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name

Application Number

Agency Code

Social Security Number

Last Name		First Name / Middle Initial					
71 Highest Grade Completed	72 Education Status 1 Student, H.S. or less 2 Student, attending post H.S. 3 Out-of-School, H.S. dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment		73 Reading Grade	74 Reading Score	75 Reading Test	76 Reading Version	
77 Math Grade		78 Math Score		79 Math Test		80 Math Version	
81 Pell Grant Recipient 1 Yes 2 No, Applied but denied 3 No, Application Pending 4 Application not submitted	82 Pell Grant School Year Award Amount	83 Labor Force Status 1 Employed 2 Not employed	84 Weeks Not Employed Last 26 Weeks		85 Hourly Wage	86 Referred by WPRS (Profiling) 1 Yes 2 No	
87 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed (JTPA transfer only) 4 Self Employed 5 Displaced Homemaker 9 Not Applicable		88 Dislocation Date	89 Job Code at Dislocation	90 Job Title			
91 Dislocation Industry Code	92 Tenure at Employer of Dislocation (months)	93 Employer Number		94 Employer Name			
Employer Address		Employer City		Employer State / ZIP		Employer Telephone	
95 Eligibility A Adult WIA F Youth (age 14 – 18) I 5% Window Youth (age 14 – 18) B Adult Low Income G Youth (age 19 – 21) J 5% Window Youth (age 19 – 21) D Dislocated Worker H Veteran Grant X Not eligible				Does client meet priority of service in Department of Labor veterans training program (Public Law 107-288)? Y Yes N No			
Signature of Interviewer				96 Interviewer ID		Date	
Signature of Reviewer				97 Reviewer ID		Date	

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			

WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name
01 Social Security Number
02 Case Number
Application Number

Last Name					First Name / Middle Initial						
03 Grant Code		04 Agency Code		05 Labor Force Status 1 Employed 2 Not employed		06 Enrollment Date		07 Date ITA Established		08 Total Amount of ITA	
Activity 1	09 Activity Code	10 Agency Code	11 State Provider ID	12 Program Code	13 Job Code / Job Description		14 Begin Date	15 Est / End Date	16 ITA Amount Used	17 Completion Code	18 Goal Code
Activity 2	Activity Code	Agency Code	State Provider ID	Program Code	Job Code / Job Description		Begin Date	Est / End Date	ITA Amount Used	Completion Code	Goal Code
Activity 3	Activity Code	Agency Code	State Provider ID	Program Code	Job Code / Job Description		Begin Date	Est / End Date	ITA Amount Used	Completion Code	Goal Code
Enrolling Staff Signature				19 Enrolling Staff ID				Date			
Activity Codes Core 10 Follow-up Services, Counseling 11 Staff Assisted Job Development 12 Staff Assisted Job Referrals 13 Staff assisted Job Search, Placement 14 Staff Assisted Workshops / Job Clubs 15 Other Core Services 16 Non-WIA Funded Core Services 17 Co-enrolled Core Services Intensive 30 Case Mgt for Participants 31 Comprehensive Assessments 32 Development of Individual Employment Plan 33 Group Counseling 34 Work / Entry Employment Experience 35 Individual Counseling and Career Planning 36 Out-of-Area Job Search 37 Relocation Expenses 38 Short Term Pre-vocational Services 39 Internships 40 Other Intensive Services 41 Non-WIA Funded Intensive Services 42 Co-enrolled Intensive Services Training 50 Adult Education 51 Customized Training 52 Entrepreneurial Training 53 Job Readiness Training 54 Occupational Skills Training 55 On-The-Job Training 56 Private Sector Training 57 Skill Upgrading and Retraining 58 Workplace Training and Coop Ed 59 Other Training Services 60 Non-WIA Funded Training Services 61 Co-enrolled Training Services Youth 70 Summer-related 71 Educational Achievement Services 72 Employment Services 73 Citizen and Leadership Services 74 Other Youth Services 75 Non-WIA Funded Youth Services 76 Co-enrolled Youth Services Miscellaneous 80 Other JTPA 81 Supportive Services 82 Needs-related Payments 83 Planned Break In Services 84 Non-WIA Funded Miscellaneous 85 Co-enrolled Miscellaneous Services 90 : 99 Optional Local Use						Goal Codes (Youth Only) Basic Skills 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL / VESL 015 Life Skills Occupational Skills 007 Perform Actual Tasks 008 Familiarity with Procedures, Tools 016 Technology 019 Information Skills Work Readiness Skills 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills Completion Codes 1 Completed 2 Not Completed, Involuntary 3 Not Completed, Voluntary 9 Completed during JTPA					

WORKFORCE INVESTMENT ACT GOALS

Subgrantee Name
01 Case Number
Application Number
02 Agency Code
Social Security Number

Last Name				First Name / Middle Initial			
Primary Goal	Goal Type	Goal Code	Goal Description	Date Set	Result Code	Result Description	Date Attained
Staff Signature				03 Goals Staff ID		Date	
Primary Goal Code 1 Primary Goal 2 Not Primary Goal		Goal Type 1 Basic Skills 2 Occupational Skills 3 Work Readiness Skills			Result Code 1 Attained Goal 2 Set, Goal Not Attained		
Goal Code							
Basic Skills 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL / Vocational ESL 015 Life Skills		Occupational Skills 007 Perform Actual Tasks 008 Familiarity With Procedures, Tools 016 Technology 019 Information Skills			Work Readiness 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills		

WORKFORCE INVESTMENT ACT EXIT

Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

Last Name		First Name / Middle Initial	
03 Exit Codes	Exit Codes (Select up to three codes) 01 Entered Employment 02 Called Back / Remained With Layoff Employer 03 Entered Advanced Training 04 Entered Postsecondary Education 05 Attained Recognized Certificate / Diploma / Degree 06 Planned Services Completed 07 Planned Services Not Completed 08 Lacks Transportation 09 Family Care 10 Health / Medical 11 Cannot Locate 12 Death 13 Institutionalized 14 Voluntary Other 15 Objective Assessment Only 16 Returned to Secondary Education (Youth Only) 17 Soft Exit 18 Reservists Recalled		
04 Exit Date	05 Soft Exit Determination Date	06 Degree Attained 1 Yes 2 No, credential intended 3 No, credential not intended 4 No, Credential pending 5 No training services provided	07 Date Degree or Certificate Attained
08 Type of Degree Attained 1 High School Diploma 2 Equivalency / GED 3 AA or AS Diploma / Degree 4 BA or BS Diploma / Degree 5 Occupational Skills License 6 Occupational Skills Certificate or Credential 7 Other			
09 Entered Postsecondary Education 1 Yes 2 No		10 Entered Advanced Training 1 Yes 2 No	11 Entered Military Service 1 Yes 2 No
12 Entered Qualified Apprenticeship 1 Yes 2 No			
13 Date Employed	14 Employer Number	15 Employer Name	
Employer Address		Employer City / State	Employer ZIP
16 Employer Contact		17 Contact Phone	18 Job Code
19 Hours Per Week			
20 Hourly Wage	21 Training Related Employment 1 Yes 2 No 9 Not Applicable	22 Determination Method 1 Training to job 2 Industry to training 3 Other	23 Health Benefits 1 Yes 2 No
24 Non-Traditional Employment 1 Yes 2 No			
Exit Staff Signature		25 Exit Staff ID	26 Update Client Info? Y Yes N No
Date			
Post Exit Services			
27 Service Code	28 Description	29 Begin Date	30 End Date
Post Program Service Code 01 Educational Achievement 02 Employment Services 03 Additional Youth Support 04 Citizen and Leadership 05 Follow-up Services			

WORKFORCE INVESTMENT ACT FOLLOW-UP INFORMATION

Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

Last Name		First Name / Middle Initial	
03 Follow-up Type (After Exit) 1 30 Day 4 2nd Quarter 2 60 Day 5 3rd Quarter 3 1st Quarter 6 4th Quarter		Follow-up Date	04 Interview Date
05 Follow-up Result 01 Complete: All Questions 06 Respondent Refused Interview 02 Complete Interview: Missing Data 07 Language Problem Prevented Interview 03 Respondent Never Located 08 Unable Due to Illness / Disability 04 Located but Never Available 09 Died / Incapable / Institutionalized After Exit 05 Informant Refused for Respondent			
06 Labor Force Status 1 Employed Full-Time 4 Not In Labor Force 2 Employed Part-Time 5 Status Unknown 3 Unemployed		07 Supplemental Data Verified Employment Status First Quarter after Exit 1 Employed 2 Not Employed 3 Not Applicable	08 Supplemental Data Verified Employment Status Third Quarter after Exit 1 Employed 2 Not Employed 3 Not Applicable
09 Date Degree or Certificate Attained		10 Type of Degree or Certificate Attained 1 High School Diploma 5 Occupational Skills License 2 Equivalency/GED 6 Occupational Skills Certificate or Credential 3 AA or AS Diploma/Degree 7 Other 4 BA or BS Diploma or Degree	
11 Continuing in Post-Secondary Education 1 Yes 2 No		12 Continuing in Advanced Training 1 Yes 2 No	
13 In Military Service 1 Yes 2 No	14 In Qualified Apprenticeship 1 Yes 2 No	15 Weeks Employed	16 With Exit Employer 1 Yes 2 No
17 Actual Hours Worked			
Most Recent Employer or Employer at Follow-Up			
18 Date Employed		19 Employer Number	
20 Employer Name		Employer Address	
Employer City, State, ZIP		21 Contact	
22 Phone		23 Job Code	
24 Hours Per Week		25 Hourly Wage	
26 Follow-up Staff ID			

[Form in MS Word](#)